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JUN 25 2004

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Date: June 25, 2004

TO: Examiner Gupta

Fax Number: 571-273-0965

Company: U.S. Patent & Trademark Office

Telephone: 571-272-0965

Your Reference: USSN 09/051,395

FROM: Susan M. Dadio

Telephone: 703.838.6531

Our Reference: 024916-006

Sent By: Monica Pogue

Number of Pages 19
Including Cover:

Message

Further to our telephonic discussion of June 24, 2004, please find enclosed a copy of the "Amendment After Allowance Under 37 C.F.R. § 1.312 and Request for Corrected Notice of Allowability and Examiner's Amendment" and transmittal letter which was timely filed on November 25, 2003. Also enclosed is a copy of the PTO date-stamped postcard receipt.

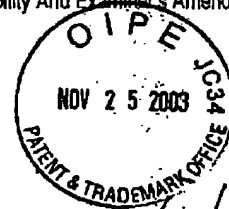
VA 201905.1

Inventor: Ronald MATHISON et al. Appl. No. 09/051,395 Filing Date: May 8, 1998
 Docket No.: 024916-006 Work. Atty. TSR/SMD:njr Date: November 25, 2003



The following was/were received in the U.S. Patent and Trademark Office on the date stamped hereon: 14

- | | | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Amendment or Response | <input type="checkbox"/> Certificate Under 37 C.F.R. § 3.73(b) | <input checked="" type="checkbox"/> Check for \$ <u>695.00</u> is enclosed |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Transmittal Letter for Missing Parts of Application | <input type="checkbox"/> Check for \$__ is enclosed |
| <input checked="" type="checkbox"/> Amendment and Request Transmittal Letter | <input type="checkbox"/> Executed Declaration/Power of Attorney | <input type="checkbox"/> Charge \$__ to Deposit Account |
| <input type="checkbox"/> Petition for __ Month Extension of Time | <input type="checkbox"/> Assignment/Assignment Recordation Form Cover Sheet (PTO-1595) | <input checked="" type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Submission of Formal Drawings w/ __ sheet(s) of drawings (Fig(s). 1-__) | <input type="checkbox"/> Sub. of Certified Copy of Priority Document w/ __ certified copy(s) | <input checked="" type="checkbox"/> Payment of Issue Fee and Authorization to charge Deposit Account |
| <input type="checkbox"/> Request for Approval of Drawing Changes w/ __ sheet(s) of red ink drawings | <input type="checkbox"/> Information Disclosure Statement w/ __ document(s) | <input type="checkbox"/> Request for Refund |
| <input type="checkbox"/> Notice of Appeal | <input type="checkbox"/> Information Disclosure Citation (PTO-1449) | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Brief for Appellant | <input type="checkbox"/> Information Disclosure Statement Transmittal Letter | <input type="checkbox"/> Request for Corrected Filing Receipt w/copy of Official Filing Receipt |
| <input type="checkbox"/> Request for Oral Hearing | <input type="checkbox"/> Request for Corrected Notice of Recordation of Assignment w/copy of Notice | <input checked="" type="checkbox"/> Amendment After Allowance Under 37 C.F.R. § 1.312 And Request For Corrected Notice of Allowability And Examiner's Amendment |
| <input type="checkbox"/> Reply Brief | <input type="checkbox"/> Request for Continued Examination | <input type="checkbox"/> |
| <input type="checkbox"/> Response to Restriction Requirement or Election of Species | | <input type="checkbox"/> |
| <input type="checkbox"/> Terminal Disclaimer | | |



(10/03)

Patent
Attorney's Docket No. 024916-006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of) MAIL STOP ISSUE FEE
Ronald MATHISON et al.) Group Art Unit: 1654
Application No.: 09/051,395) Examiner: Anish Gupta
Filed: May 8, 1998) Confirmation No.: 7952
For: PEPTIDES FOR TREATMENT OF)
INFLAMMATION AND SHOCK)

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JUN 25 2004

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AMENDMENT AFTER ALLOWANCE UNDER 37 C.F.R. § 1.132
AND REQUEST FOR CORRECTED NOTICE OF ALLOWABILITY
AND EXAMINER'S AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is an Amendment After Allowance Under 37 C.F.R. § 1.132 And Request For Corrected Notice of Allowability And Examiner's Amendment for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☐ Also enclosed is/are _____
- ☒ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 (2801) ☐ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.

DOCKETED 155
Date 11-25-03 A1000

(10/03)

Amendment and Request Transmittal Letter

Application No. 09/051,395

Attorney's Docket No. 024916-006

Page 2

- ☐ Applicant(s) requests suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | |
|------------------------------------------------------------------------------|---------------|-------------------------------------------|--------------|--------------------|-----------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADD'L FEE |
| Total Claims | 36 | MINUS 74 = | -0- | × \$18.00 (1202) = | -0- |
| Independent Claims | 11 | MINUS 11 = | -0- | × \$86.00 (1201) = | -0- |
| If Amendment adds multiple dependent claims, add \$290.00 (1203) | | | | | |
| Total Claim Amendment Fee | | | | | |
| If small entity status is claimed, subtract 50% of Total Claim Amendment Fee | | | | | |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT | | | | | 0 |

☐ A check in the amount of \$ _____ is enclosed for the fee due.

☐ Charge \$ _____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: November 25, 2003

By: Susan M. Dadio

Susan M. Dadio
Registration No. 40,373

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(10/03)